Bennett (Alice)

WITH THE COMPLIMENTS OF THE AUTHOR.

MECHANICAL RESTRAINT

IN THE

TREATMENT OF THE INSANE.

[Reprint from the Medico-Legal Journal.]

By ALICE BENNETT, M.D., PH.D.

STATE HOSPITAL FOR THE INSANE, NORRISTOWN, PA.

NEW YORK:
VANDEN HOUTEN & CO., PRINTERS,
No. 60 CEDAR STREET.

MECHANICAL RESTRAINT

IN THE TREATMENT OF THE INSANE.*

By Alice Bennett, M. D., Ph.D., State Hospital for the Insane, Norristown, Pa.

Mr. President and Members of the Medico-Legal Society of New York:—

I am conscious of my own boldness in venturing to speak to you to-night on the subject of mechanical restraint in the treatment of the insane, inasmuch as high authority in your own State has recently told us that "the discussion of restraint on its merits has long since been so exhausted as to render all that can now be said mere repetition."

In the light of this statement and of its eminent source, you will not look for me to bring to you any new arguments or fresh array of facts; but I shall hope to justify myself in the repetition of some that are old. "Every principle in this matter has been settled," again says the authority quoted; yet I find nothing more commonly and more completely misapprehended than the principles underlying the methods of treatment without mechanical restraint—principles as old as human nature itself, and so plain that they should be self-evident to every one possessed of human attributes.

For example, we read in a late report of Public Charities from a neighboring State: "The restraint and seclusion" (speaking of a designated institution) "are proportionately

---

* Read before the Medico-Legal Society of New York, June 6, 1883.

less than at any other of the State hospitals, but this fact compels the attendants sometimes to use their own strength against the violence of patients more frequently than if greater mechanical restraint were employed." In this, the latest official utterance of a State recognized as more than ordinarily enlightened and progressive, the main principle of the non-restraint method—the very point of the argument—is absolutely missed. I appeal to you, is there not room for "repetition?"

I will ask leave to pass over the history of former discussions on this subject, interesting though they be, and to speak to you only out of my own experience of what I have seen and known.

In a service of three years (lacking one month) in the State Hospital for the Insane of the Southeastern District of Pennsylvania, something over eight hundred female patients have been under observation. This experience, while confessedly short and inadequate, is yet believed to cover the usual variety of phases of insanity, and more than the usual proportion of the chronic, turbulent class so often the subjects of mechanical restraint. From the county alms-houses, where cases had been accumulating during the years when this District of Pennsylvania had no adequate provision for her insane, came a considerable number who had been habitually, for months—some even for years—subjected to some form of mechanical restraint. With a new and untried organization, inexperienced officers and subordinates—with the general barrenness incident to a new hospital, and the almost total absence of the usual devices for attracting, diverting and occupying the large numbers that were literally poured into the hospital from all sides, it is believed that the conditions

have been such as to offer a test more than ordinarily severe.

During the first fifteen months some little restraint was used experimentally. Since October, 1881, none has been employed. The results of the first three months' experience were given in the first official report of the Department for Women to the Board of Trustees, as follows: "Nothing is more certain than that mechanical restraint is incompatible with 'moral treatment,' and that resort to it destroys at once any personal influence that may be brought to bear. Whether a confession of fear on the part of the attendant, or a substitute for the latter's vigilance, it can hardly fail to lessen the bond of respect between patient and attendant, which it is essential to preserve."

And, again, a year later: "Extraordinary precautions often suggest or increase the 'violence' they are intended to prevent. Freedom of action is a wonderful tranquilizer. * * * When to these restless, rebellious natures leather bands and canvas jackets say 'you shall not,' the antagonistic spirit responds at once to the stimulus. The impulse to do the thing forbidden is likely to disappear with the removal of the appartus which suggested it, and if judicious moral influences are brought to bear, will not return in any uncontrollable form."

Briefly formulated, my convictions, based upon experience, are as follows:

1. Mechanical restraint does *not* (in the majority of cases) "restrain."

[It is not easy by any mechanical appliance to so confine a person that he cannot accomplish something by muscular effort and energy, checked in one direction, finds some other

outlet, with the added impetus of resentment and desire for revenge.]

2. It *does* exert a positive influence for evil.

3. It is infinitely *easier*, *safer* and *cheaper* to do without it.

From every point of view, then, in the interests of the insane themselves, in the interests of their keepers, and in the interests of public economy and of humanity at large, mechanical restraint should be abolished.

But we are again told authoritatively: "These principles have been settled; mechanical restraint *is* inadmissible in itself; it is to be used only when necessary and indispensable for exceptional cases."

Just what these "exceptional" cases are is not laid down; I have not seen them, and I need not tell you that this rule of necessity is apt to become a sliding-scale, adjusting itself to the convenience or caprice of the hour until the "exceptional" cases are likely to cease to be exceptional. Even admitting (which I am far from doing) the existence of the hypothetical, occasional case which may be benefited by restraint, I would still hold fast to the principle of the "greatest good to the greatest number," and would unequivocally banish an agent which so certainly becomes a centre of evil influence.

In a consideration of this subject, one fundamental fact must be recognized, viz: that the insane differ from the sane only in degree, and often not to the degree popularly supposed. It is essentially human nature that we have to deal with; the same feelings and passions—albeit thrown out of their orderly relations to a greater or less degree—amenable in some measure to the same influences; often an increased irritability, with the power of self-control—dependent on the

orderly action of the higher centres—diminished, but not necessarily absent. No where have I seen a keener sensitiveness to kindness, and most especially to injustice, than among the insane; nor are the higher attributes of gratitude, self-denial and self-sacrifice for others absent.

I am insisting upon these facts, because I believe that some remnant of the old superstitious ideas relating to insanity yet lingers in a corner of the minds of many of us; the tendency to look upon the possessor of a "mind diseased" as something other than ourselves—a little less than human—and among the "obligations of the sane to the insane," none, to my mind, presses so heavily, at the present time, as the recognition of this mutual kinship; of the fact that the insane are also men and women like ourselves, and not beyond the application of that rule which says: "Whatsoever ye would that men should do unto you, do ye even so to them."

An intelligent visitor once said to me, in walking through the wards of my own hospital: "What startles me is that these people are so like ourselves!" This fact once accepted, we shall look within ourselves for the principles that shall guide us in the treatment of this most unfortunate class of our fellow-men.

You will agree that it is a not uncommon trait of our common human nature to want what is beyond our reach—to desire to do the thing forbidden. Especially is this true where the higher control of reason and of will is undeveloped, as in children, or in abeyance, as in the insane, who frequently are only "children of a larger growth."

Trust begets trust-worthiness; and the reverse is no less true.

Now if a person (more or less insane, as the case may be)

sees every provision made for his conducting himself like a wild beast, I do not doubt that, in nine cases out of ten, he will proceed to justify that expectation. If, in addition to windows barred, screened and locked, double doors (perhaps even with the small sliding windows so suggestive) heavy immovable furniture—surroundings calculated to arouse an antagonistic spirit—he is perhaps seized upon and either because of what he has done, or of what someone fears he may do, his personal liberty is still further abridged by some of the many ingenious forms of mechanical restraint, what wonder that his evil passions rise and that he proceeds to do all the damage possible, and I assure you he can do a great deal; if his hands are confined he can kick, if his feet, he can bite, and both with a ferocity and accuracy of aim most undesirable.

You can easily see how such a case goes on from bad to worse. The restraint continues to excite and intensify the "violence," which, progressively increasing, becomes each day a stronger "justification" of the restraint, and so have been manufactured those notoriously desperate cases which are pointed out to curious visitors as having been "chained" or "caged" for years. Examples of these are, happily, less common than formerly, but the County alms-houses still furnish a few, and one such has come under my care even during the past year.

One who has watched the transformation of cases like these under the influence of personal liberty and rational methods of treatment can but marvel that a principle so plain, so evidently founded in the commonest laws of our common nature, should admit of discussion.

In support of the statement that it is easier and safer to

control the insane by moral than by mechanical means, perhaps I cannot do better than to give you notes of some individual cases that have occurred in my experience:

Case 1, was introduced to us as a most dangerous character, especially renowned as a "kicker;" had been continuously restrained in another hospital by a leather "muff" for six months preceding admission. The propensity to kick everything and everybody within reach being a natural consequence of the confinement of her hands, it followed that the simple removal of the "muff" made her at once a less dangerous companion. By systematic, firm, yet kind, discipline, bad habits were corrected, self-respect stimulated, and she has become a tractable, working patient, although belonging to the hopelessly chronic class.

Case 2, an immensely powerful, muscular German woman, one of the first admissions to the hospital, brought with her a reputation for ferocity calculated to strike terror to the soul of the uninitiated. For months she had been chained in a dungeon, the limited space of which scarcely permitted her to lie at full length on her heap of straw. Through the grating of the heavy door was thrust the food, which she must eat as best she could, with hands confined. Here also the curious were privileged to gaze upon this monster in human form, who, with her hair long ago torn out by her own hands and her expression of savage distrust and defiance, might well seem something less than human. A year ago I introduced a gentleman interested in public charities to this same woman, standing in the door of her neat little room, which she invited us to enter and inspect. Her thick gray curls surrounded a face strongly-marked and resolute, yet not unpleasant to look upon, and her general appearance was such as to attract a stranger at once.

She was led to speak of her former experience: "And *why* were you locked up in a dungeon?" asked my friend. "Because"—— but I can not repeat her language. At the mere recollection, a tithe of her old fury was aroused and her mien hinted at the total annihilation of anybody in her path.

"But why did you have those feelings there and not here?" persisted the visitor.

"*Because they locked me up.* Would *you* like to be locked up like a beast?" came the answer, with an emphasis which was a whole sermon in itself. This patient also belongs to the chronic class, and is probably a "life-member" of our little community, but she is a busy worker, she has a quick, ready intelligence and warm affections, and her life is not altogether an unhappy one.

Case 3, on admission had worn the camisole for a length of time. The proficiency this woman had attained with her feet was marvellous. To open and shut windows and make (but more often to unmake) beds was easy and her mischievous propensities knew no bounds. This case is a good example of the inefficiency of restraint. She has now largely recovered from her mischievous and destructive tendencies, but she also is a chronic, incurable case.

Case 4, a young girl of prepossessing appearance, transferred from a county almshouse, had been restrained, as to her hands, for several months previous to admission. "Too violent for women to manage" was the verdict of the man who had had exclusive charge of her during that time. Of this patient I have nothing to say except that, from the time wristlets were removed, while she lived, (she died of Phthisis two years later), no reason appeared for such restraint. Hopelessly demented, she was yet tractable, grateful for

kindness, and kissed the hands of the nurse who liberated her.

Less than a year ago a fire occurred in a county almshouse in the interior of Pennsylvania and eighteen female patients were transferred to the hospital at Norristown. Of these eighteen, ten came in camisoles, not put on for temporary convenience only, as was testified by their cramped white fingers, which some of them seemed to have forgotten how to use and only learned again by gradual steps.

Of these ten, one had her feet also shackled. Even with these precautions the two men who had her in charge were extremely careful, and cautioned others not to go near, saying "she bites." Blood-curdling recitals of the fearful deeds she had done, and would still do if left unbound, as in the previous cases, to me not wanting.

I first saw this woman on the second day after admission, (being away from home at the time of the unexpected transfer) and was struck by her expression of suspicion and distrust. When asked to shake hands, she looked at me some seconds inquiringly, then slowly assented.

I have never witnessed anything more remarkable than the change that occurred in the expression of that woman's face in the days that followed. It is a matter for regret that they were not photographed. It is scarcely exaggerating to say that no ordinary observer would have recognized her for the same person. An epileptic for years, her mind was hopelessly impaired, but she manifested a childlike affection and gratitude toward all who showed her any kindness, and a cheerful smile became habitual. That less than a week was sufficient to effect this change must be considered evidence of unusual native gentleness and susceptibility to kindness.

The above are not exceptional cases selected for the occasion. All patients entering the hospital under restraint are at once released, and in no case has this treatment failed of good result. But I promised that it should be not only easier and safer, but also cheaper to dispense with mechanical restraint. I mean not only that there will probably be less actual destruction of property under the tranquilizing influence of personal liberty, (the restraining apparatus itself is also costly) but in a much larger sense. When this principle of treatment shall be understood and extended as it can be, we shall depend less upon costly external barriers. Buildings constructed upon the simplest plan will be amply sufficient if they are pervaded by the right atmosphere. Probably two-thirds of the insane in our hospitals could be kept without bars and locks.

I am led to believe that much of the paraphernalia of the approved hospital for the insane—heavily barred windows, massive immovable furniture and the like—has too much the tendency to surround the patient with an atmosphere of suspicion, against which he naturally places himself in an attitude of defense, or even of offense; and, further, that, to a much greater extent than has been supposed, these expensive material "guards" can be substituted by moral agencies, which shall encourage, rather than repress, self-respect and self-control, often dormant, but almost never wholly extinct; and this immeasurably to the advantage of the patient, of the hospital and of the tax-payer.

It would be interesting to consider at length some of the details involved in the rational treatment of the insane, but time does not permit.

Certainly one must possess faith and the "courage of his convictions."

Much depends upon the attendants, upon whom will devolve the carrying into practice of the spirit of the superintendent. They must be without preconceived notions and should be intelligently interested in the principles they are carrying out. The insane must be made to feel that someone *cares* for them, and no counterfeit appearance of feeling, however plausible, will do. I do not believe the patient can be found so demented as to be insensible to the voice of kindness, and the influence of affection upon some of them is really wonderful.

Self-respect must be stimulated by respectful treatment and by encouraging attention to personal habits of neatness dress, etc. Perhaps this latter is more important among women. I recall now one patient who had been in habitual seclusion for a length of time, demented to a degree that rendered her apparently incapable of receiving an idea. Taken out of seclusion by interested attendants, she was found to be much influenced by personal adornment. A white apron and necktie seemed to exercise a restraining influence not inferior to that of a camisole, and she was so much engaged in the contemplation of herself as to forget to do any worse mischief. I have often remarked a peculiarly tranquil atmosphere on Sunday morning when the "best dress" has been universally donned. Employment for restless hands is, of course, important. This is especially useful in the case of those possessed of destructive tendencies. One old lady, I remember, who was completely cured of a destructive habit of picking at her clothing by being set at work picking over hair for pillows, which she did well and apparently enjoyed.

I have found rocking-chairs to exert a sedative influence

upon many, especially upon the excitable and those called "violent." In one patient this proved an excellent substitute for the amusement of tearing her dress.

Out of door exercise is often excellent treatment for excited patients, aside from the tonic influence of fresh air and sunshine. [And here I can not forbear digressing to say that I can find no place, nor use, for "airing-courts." In my experience the patients who go out oftenest, for the longest distances and the longest time, are generally those from the most excited wards, and no class so much enjoys the freedom of the country.]

One thought comes to me in closing: There is no more inexorable law, nor one of wider application, than that "action and reaction are equal," each to each. A wrong done operates not only upon the receiver, but upon the doer also, and equally. Who will undertake to estimate the influence upon ourselves and upon the moral tone of the community at large, reacting from a system of repression operating upon a large class of our fellow-men; a system calculated to crush out their feeble possibilities for good, to foster their baser instincts, and under which they have often sunk to depths of degradation and misery almost inconceivable?